

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*1st Amndt		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51				/		
2							52				/		
3							53				/		
4							54				/		
5							55				/		
6							56			/			
7							57			/			
8							58			/			
9							59			/			
10							60			/			
11							61			/			
12							62			/			
13							63			/			
14							64			/			
15							65			/			
16							66			/			
17							67			/			
18							68			/			
19							69			/			
20							70			/			
21	/						71			/			
22							72			/			
23							73			/			
24							74			/			
25							75			/			
26							76						
27							77						
28							78						
29							79						
30							80						
31	/						81						
32							82						
33							83						
34							84						
35	/						85						
36							86						
37							87						
38							88						
39							89						
40			/				90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.	4		1				TOTAL IND.			3			
TOTAL DEP.	35		10				TOTAL DEP.			22			
TOTAL CLAIMS	39		11				TOTAL CLAIMS			25			

Best Available Copy